

## Appendix 2. Metabolife Serious Adverse Events (continued)

**15** *Seizure* **Friday  
May  
1998**

7:00	
7:30	
8:00	
8:30	
9:00	
9:30	
10:00	<i>Shaking, gagging</i>
10:30	<i>Dr. G. Hester</i>
11:00	
11:30	
12:00	<i>Lark</i>
12:30	
1:00	<i>nervousness</i>
1:30	<i>purpura</i>
2:00	
2:30	
3:00	
3:30	
4:00	
4:30	
5:00	

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MIPER024172

## Appendix 2. Metabolife Serious Adverse Events (continued)

<b>21</b>	<b>Monday September 1998</b>
7:00	<i>Discharge</i>
7:30	
8:00	
8:30	
9:00	
9:30	
10:00	<i>3 months</i>
10:30	
11:00	<i>186</i>
11:30	
12:00	
12:30	
1:00	
1:30	<i>heart attack</i>
2:00	
2:30	
3:00	
3:30	
4:00	
4:30	
5:00	

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MIPER024236

Appendix 2. Metabolife Serious Adverse Events (continued)

2 notes abt  
heart racing - up all night  
ecc. drops - getting 25 gttz  
never took ecc or sdt before  
1 -

2/10  
had to take off work

seizure - took 1 tab  
1 month

145

182

1 TIA 130

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MIPER024344

## Appendix 2. Metabolife Serious Adverse Events (continued)

3 months

cold sweat H+ attack

1 LBD 160 66

~~not sure~~ 5-6 clams 1C coffee  
soda - no caffeine

↓ not breakfast 1/2 gm

didn't call back to him

HE called not approved  
several wk

1/57  
1 month 131  
10 no 139  
K2 TID

2m

1 1/2 1 1/2 1 1/2  
120  
11gymna - intake  
56 - ↓ not well

2 wks - 210

2 TID - acupil

1 1/2 ... 20 con.

0 Caffeine vitamin D & E

heartburn - no wt loss  
cystic fibrosis

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MIPER024383

## Appendix 2. Metabolife Serious Adverse Events (continued)

HEALTH INFORMATION CALL DOCUMENTATION  
DATE \_\_\_\_\_

*Wrong #*

Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Phone# \_\_\_\_\_  
Chief complaint Heart attack?  
#of caps qd \_\_\_\_\_ Timing \_\_\_\_\_ D \_\_\_\_\_  
Meals/snacks \_\_\_\_\_  
Water intake \_\_\_\_\_ Caffeine intake \_\_\_\_\_  
Medications \_\_\_\_\_ Medical history/similar symptoms \_\_\_\_\_  
Exercise \_\_\_\_\_ Other pertinent info \_\_\_\_\_  
Recommendations \_\_\_\_\_

*Not #*

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MIPER024448

## Appendix 2. Metabolife Serious Adverse Events (continued)

## HEALTH INFORMATION CALL DOCUMENTATION

Date: 6-2-68  
 Name: W. W. 151  
 5/16 Meds: Poltrinit, Propolis, P. M. M. C. C. floating, constipation 2-4 days  
Water 3-4 times a day 3 meals  
 Current Dose: 1 B.D. Suggested Dose: 1  
 Recommendation: Decrease with amount in prep of 2nd cont. Take with food UG per 1/2 meal  
 -10 A.M.

Date: 6-21  
 Name: 29 W: 170 H: 5'4 P: 220  
 Meds: 8 convulsion p 2 days  
water 600g. & caffeine 3 meals  
- wants insulin  
 Current Dose: 170 Suggested Dose: 8 Med. 8 MO not aware  
 Recommendation: Refer & request submitted to Dan Rodriguez

Date: 6/1/74 Name: [redacted] Age: 32 Wt: 198 Ht: 5'7" F# [redacted]  
 4/21 Meds: BCP CC: HT. My vision from China  
 makes 2 liters of coffee, eat 3 meals. On before vision study.  
 Stop for 4 days. Started today eye study & op. advised her to continue  
 Current Dose: 2-1-1 Suggested Dose: 1-0-0 Med. Ht. & MD is advised until further study  
 Recommendation: Prescribe O.C. for one year. Advise to follow the doctor's advice until further study is done to determine the cause.  
 Date: 6/1/74 Name: [redacted] Age: 59 Wt: 140 Ht: 4'10" F# [redacted]  
 4/21 Meds: Coumadin Lipitor CC: PT level low. Was hospitalized  
 on 1/2 gallon of coffee & 2 meals 1 3 meals  
 Stop for 4 days. Refund  
 Current Dose: 2-1-0 Suggested Dose: 1-0-0 Med. Ht. & MD is advised until further study  
 Recommendation: Coumadin level is 30 day. Refund requested  
 submitted to them.

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MIPER024482

## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

Date: 8/19  
Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_  
Med: TRANSFERRED TO DAY CO. HER HUSBAND TOOK MET  
2 MONTHS - OCT. 99 EVER SINCE  
THEN HE HAS SUFFERING  
FROM SEIZURES. NENROLD GIST SAYS  
Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_ IF HAD MET,  
Recommendation: \_\_\_\_\_ OK.  
Ref: 275

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## Appendix 2. Metabolife Serious Adverse Events (continued)

Date 9/28/98 **Medical Log Notes**

1873)

Name _____	<u>Chief Complaint</u>	
Phone _____		
Age <u>23</u>	<input type="checkbox"/> 1. No Weight Loss	<input type="checkbox"/> Med. Conflict
Weight <u>135#</u>	<input type="checkbox"/> Underdosing	<input type="checkbox"/> Other _____
Height <u>5'6</u>	<input type="checkbox"/> Dehydration	
Medications <u>0</u>		
	2. Side Effects	
	<input type="checkbox"/> Jitteriness/Nervousness	<input type="checkbox"/> Insomnia
	<input type="checkbox"/> Cramping	<input type="checkbox"/> GI Disturbance
	<input type="checkbox"/> Other _____	
Gender <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female		
Medical History <u>6mos - stroke - last week - MD's said Maffuang.</u>		
<u>lost 30-35#</u>		
Conclusion/Recommendations: _____		
_____		
Current Dosage <u>6/p</u>	Recommended Dosage _____	

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MIPER024825



## Appendix 2. Metabolife Serious Adverse Events (continued)

**Glenda Aspholm**

---

**From:**  
**Sent:** Monday, April 27, 1998 6:39 PM  
**To:** info@metabolife.com  
**Subject:** Medical Complication  
**Importance:** High

At 4:30 am on 4/27/98 my wife had a grand mal seizure. After admission to the emergency room of a near by hospital and several test the doctors came to the conclusion that your product was the only likely factor since she had no history of seizures or head injuries. I cannot stress enough the fear I experienced from her sudden convulsions that awakened me in the early morning hours, for I was sure she was experiencing a fatal stroke or cerebral hemorrhage. Another alarming revelation at the hospital was that Metabolife showed up as an amphetamine in her urinalysis. Please help us by providing any detailed testing on your product and any know side effects that have been reported, especially any similar to our experience. I'm am well aware of the legality of your product so please don't hide behind this, help us, her experience could occur again.

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MIPER024839

Appendix 2. Metabolife Serious Adverse Events (continued)

6-23-98

I Took your Products  
for 4 Weeks &  
Landed up Having a  
Heart attack, Doctor  
Took the Label off  
to Check it out &  
Said it speeds up  
your Heart & don't  
take it again. Can  
I get a Refund

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MIPER024859

## Appendix 2. Metabolife Serious Adverse Events (continued)

1:13 P.M.

= 4 TH BOTTLE

PILLS ARE BLACK,  
CREATES NAUSEA  
FOR HER. 3 BOTTLES  
WERE OKAY,

7/27  
1600

1:20 P.M.

= COUMADIN

DAILY,

= STROKE - APRIL

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MIPER024945

## Appendix 2. Metabolife Serious Adverse Events (continued)

~~seizure~~

✓ energy & wt loss

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## Appendix 2. Metabolife Serious Adverse Events (continued)

Went's refused FAX

Talked w/ Dan Rodriguez  
bumps then took again

Thursday Syphilis annular  
reddened  
Dermatologist / GP

death bed? | distributor 0539 am dose  
couldn't determine | dist. <sup>3/45</sup> diarrhea  
vomiting  
dist. const  
stroke

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MIPER025011

## Appendix 2. Metabolife Serious Adverse Events (continued)

on + 2 1/2 wks  
hypoglycemic  
Denergy  
- client had a stroke -

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MIPER025147

## Appendix 2. Metabolife Serious Adverse Events (continued)

3/20/98

✓ 2dmet. seigne - pct - mtdg.  
seigne - diodes - present

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MIPER025371

## Appendix 2. Metabolife Serious Adverse Events (continued)

9/5/92

1:52 P.M. # 8014  
= 25 YRS. FEB. HAD STROKE  
ALSO A STUDENT, 175 LBS. 5'9

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MIPER025482



## Appendix 2. Metabolife Serious Adverse Events (continued)

\_\_\_\_\_

\_\_\_\_\_ 12:38 P.M. \_\_\_\_\_  
\_\_\_\_\_ > MET, HAND STROKE \_\_\_\_\_  
\_\_\_\_\_

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MIPER025495

## Appendix 2. Metabolife Serious Adverse Events (continued)

### O'CONNOR ACCIANI & LEVY

O'Connor, Acciani & Levy  
Attorneys at Law

Suite 1100  
American Building  
30 East Central Parkway  
Cincinnati, Ohio 45202

Telephone: 513-241-7111  
Fax: 513-241-7197

November 30, 1999

Metabolife International, Inc.  
5070 Santa Fe St.  
San Diego, CA 92109  
Attn.: Risk Management

RE: Our Client:  
Date of Loss: 9-2-99

Dear Sir/Madam:

Please be advised that the undersigned has been retained to represent the interest of  
was injured on 9-2-99 when she suffered a rare stroke which is attributed to  
the ingredients in your product of which she was not warned..

Please have either your authorized legal representative or insurance carrier contact me at their  
earliest convenience to discuss this situation.

Sincerely yours,  
O'CONNOR, ACCIANI & LEVY

  
Jim L. Hardin

JLH/jj  
cc:

Henry D. Acciani  
Michael P. O'Connor  
Barry D. Levy  
Eric P. Allen  
Jayma C. Bagliore\*  
Dennis C. Mahoney\*  
Carrie L. Budinger  
Marissa L. Godby  
Jim L. Hardin  
Michael A. O'Hara\*  
Elizabeth M. Zucker  
Scott A. Greiner  
Jon J. Lieberman\*  
Lynn A. Lape  
Cliff G. Linn\*\*  
Tammy D. Gifford

\*also admitted to Kentucky  
\*also admitted to W. Virginia  
\*\*also admitted to N. Carolina

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MIPER025521

## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

Date: 1/17  
 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Meds: \_\_\_\_\_ C.C.: WHILE TAKING THE PRODUCT  
 SHE HAD SEIZURE  
 Left message on answering machine to call back  
 Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_ Med. Exp: \_\_\_\_\_  
 Recommendation: client called back 1-3 & spoke to Janine

RECORDED  
 2 DAYS  
 AGO.

Date: 1/3  
 Name: \_\_\_\_\_ Age: 6'2 290 Sex: \_\_\_\_\_ Race: \_\_\_\_\_  
 Meds: \_\_\_\_\_ C.C.: 7 MONTHS ON MET. WENT TO  
 DOCTOR. DIAGNOSED AS HAVING  
 HIGH BLOOD PRESSURE. CAN HE  
 STILL TAKE THIS.  
 Current Dose: \_\_\_\_\_ Suggested Dose: \_\_\_\_\_ Med. Exp: \_\_\_\_\_  
 Recommendation: Follow MD orders

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## Appendix 2. Metabolife Serious Adverse Events (continued)

# Metabolife International, Inc.

From: John Macaulay  
Sent: Monday, July 06, 1998 3:39 PM  
To: 'toxinfo@aol.com'  
Subject: FW: Possible side effect/seizure

Mike:

Per our conversation, Mike Ellis agrees that we need to assemble the same type of response as we developed in the seizure case. I will call you tomorrow @ 9 am in your hotel: ( )

John

-----Original Message-----

From: John Macaulay  
Sent: Monday, July 06, 1998 10:34 AM  
To: Bob Bradley; Michael Blevins; Mike Ellis; Larry Miller  
Cc: Dan Rodriguez  
Subject: FW: Possible side effect/seizure

Gentlemen:

I have conferred with Dr. , an ER physician with the University of Hospital, who is treating a patient who suffered a seizure. Dan Rodriguez in our department originally fielded this call. Apparently the woman was taking Metabolife 356 and this physician is convinced that the ephedrine's amphetamine-like effect caused this woman's seizure. Also he has some confusion concerning tableting agent Methocel misinterpreting it as Methamphetamine. She definitely suffered a seizure based upon the EEG tracings showing severe generalized slowing. It is my feeling that she had a preexisting condition that predisposed her to this seizure. The ER physician does not share my views on this in spite of the patient having no previous EEG tracing record history to prove this point. Perhaps it would be prudent to enlist the help of Mike Scott/Dr. Dash to interface with the physician to prevent this from digressing.

John

*Best Herbal Library "Criminal Poison Control Center"*

*3x potential ferrotoxic effect*  
*pharmacokinetics*  
*pharmacology*  
*toxicology*

*Wayne Snodgrass*  
*Wallace Winters* } *top minds*

*Adverse Effect Report*  
↓  
*pull literature seizures*  
*statistical evidence*  
*in population in general*

*Sham #1's*  
*Simone #1's*  
*Dr. Ota*  
*Stamford researcher*  
*Utah Eakels Library Health & Medical Science*  
*director Tom Stoddard*

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MIPER27523

## Appendix 2. Metabolife Serious Adverse Events (continued)

suddenly Mr. Ingle ~~start~~ about  
 stop →  
 taken for months  
 any documentation?  
 Cardiology arrest  
 unknowns / 2-3 hrs  
 from 6-8 hrs to 20  
 1-2 or nothing  
 (NATIVE PAX)  
 called before getting  
 asking about side effects  
 "side effects" ~~that~~  
 not out of  
 injection  
 against  
 tremors  
 inson

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MIPER27600

## Appendix 2. Metabolife Serious Adverse Events (continued)

5/21  
HEALTH INFORMATION CALL DOCUMENTATION

DATE

Name \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Phone# Brain bleed?  
Chief complaint Dist \_\_\_\_\_  
#of caps qd \_\_\_\_\_ Timing \_\_\_\_\_ Duration \_\_\_\_\_  
Meals/snacks \_\_\_\_\_  
Water intake \_\_\_\_\_ Caffeine intake \_\_\_\_\_  
Medications \_\_\_\_\_ Medical history/similar symptoms \_\_\_\_\_  
Exercise \_\_\_\_\_ Other pertinent info \_\_\_\_\_  
Recommendations Call msc

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## Appendix 2. Metabolife Serious Adverse Events (continued)

### HEALTH INFORMATION CALL DOCUMENTATION

Non-Responsive Redaction

Non-Responsive Redaction

ation

Non-Responsive Redaction

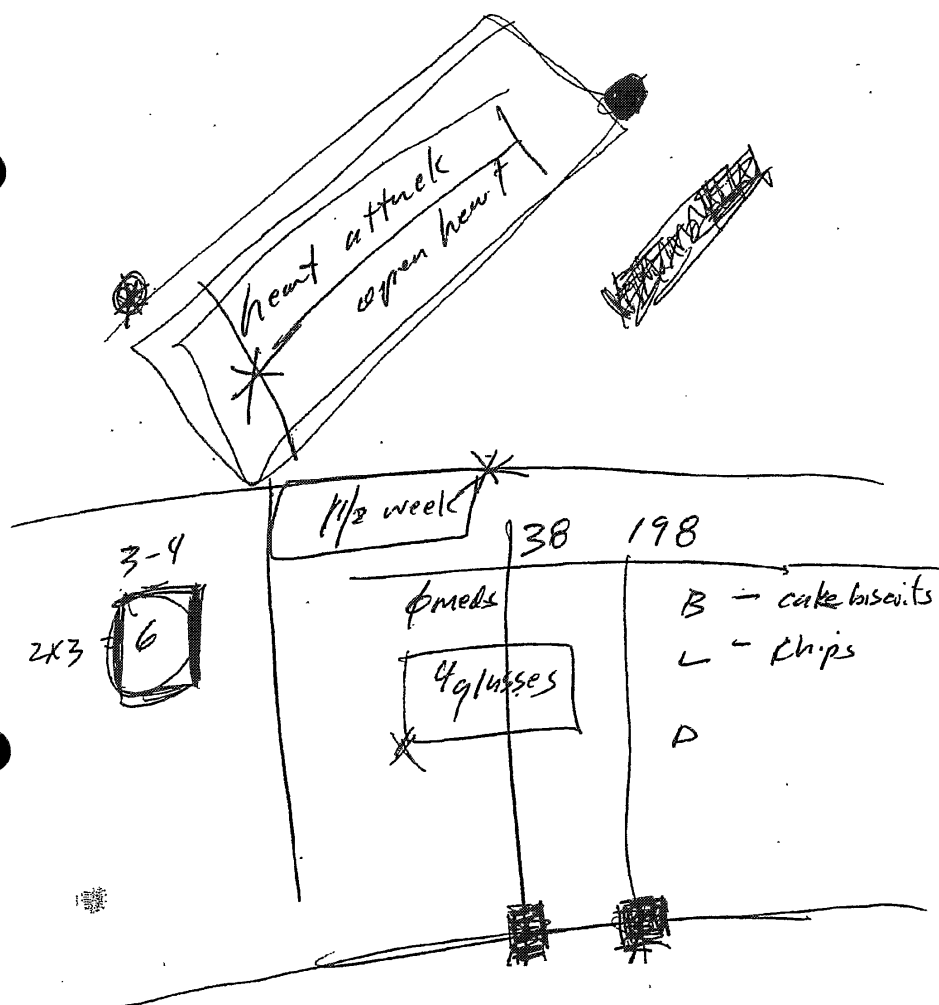
*[Handwritten initials]*  
Date: 11/9/17 Age:        Wt.:        Ht.:        Ph#:        *[Non-Responsive Redaction]*  
Name: *[Non-Responsive Redaction]*  
Med: COMLADIN c.c.: WIFE 99.7 HAD STROKE  
Current Dose:        Suggested Dose:        Med. Hx:         
Recommendation:       

Non-Responsive Redaction

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## Appendix 2. Metabolife Serious Adverse Events (continued)



Non-Responsive Redaction

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MIPER27941



## Appendix 2. Metabolife Serious Adverse Events (continued)

8/23/99 - T.C. 1700 N/A  
8/24/99 voice mail from dist.  
0930  
customer came in for 4 more bottles & mentioned that his wife had  
"heart attack" for which MD says Met responsible.  
Customer is  
dist. reports they are repeat customers and were given 12 pages of  
info repeating how to safely take Met.  
0935 8/24 - msg on mach

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NON-RESPONSIVE REDACTION

MIPER028168

## Appendix 2. Metabolife Serious Adverse Events (continued)

*This is an e-mail I just  
received today via an internet  
server for rehab dictations.  
Thought you would be interested  
in it as well...*

Subj: Metabolite  
Date: 8/10/99 11:35:05 PM Eastern Daylight Time  
From:  
Sender:  
Reply-to:  
To: !

Yesterday one of our ESRD on HD pts was admitted to the ICU with n/o seizures. It was discovered that he was taking Metabolite. Per the label it contains: Magnesium, Zinc, Chromium, Guarana Concentrate (seed), Ma Huang Concentrate, Bee Pollen, Ginseng (root), Ginger (root), Lecithin, Bovine Complex, Damiana (leaf), Salsaparilla (root), Golden Seal (erial part), Nettles (leaf), Gotu Kola (erial part), Spirulina Algae, and Royal Jelly. Is anyone familiar with these herbs? Would any of them cause seizures?  
TIA  
!

---

### Headers

Return-Path:  
Received: from  
  
Received: from  
Tue, 10 Aug 1999 23:34:51 -0400  
Received:  
  
for  
Received:  
by  
for  
From:  
Received:  
by  
for  
Message-ID: <69183aa1.24e246a1@aol.com>  
Date: Tue, 10 Aug 1999 23:23:13 EDT  
Subject: Metabolite  
To:  
MIME-Version: 1.0  
Content-Type: text/plain; charset="us-ascii"  
Content-Transfer-Encoding: 7bit  
X-Mailer: AOL 2.7 for Mac sub 3  
Content-Transfer-Encoding: 7bit  
Sender:  
Precedence: bulk  
Reply-To:  
Content-Transfer-Encoding: 7bit

---

Wednesday, August 11, 1999 America Online: Guest Page: 1

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## Appendix 2. Metabolife Serious Adverse Events (continued)

*Dunille For your Follow up  
THANKS*

call id 315

long comments: 53 yr. Old female reports "I had a stroke from metabolife. I was on it since 1 yr. Ago last Aug.. MY DR. said it was due to the met. Wt. 228 lbs. Weight-228 lbs 1yr. Ago, now 169 lbs. Customer stated she was a Diabetic when she started met

long comments: and her Dr. agreed to supervise her on it. NO hx of hypertension, both parents died of heart attacks. On Glucophage and Glucotrol, no other meds. Customer states "I was doing well for the first few mos. The Dr. was checking my Bp and it was o.k.. 2 mos. Ag

long comments: o. I started gaining weight and my blood sugar started going up. I was checking it at home and it went up to 168-180. I was just going to stop taking it when I started having tingling in my rt. Hand and one side of my mouth. I called the DR. went to

long comments: E.R. My bp was 223/123. I got some medicine and they sent me home. I got worse and was taken to the university hospital. They did a cat scan and M.R.I. The DR. Said it showed I had "A minor stroke." Reports being in hospital 5 days. Residual effects-no

long comments: paralysis. Speech not affected, experienced tingling in mouth and mild weakness Rt. Hand. Customer relayed facts in a low key manner. I told her we would be in touch with her.

*90-140/60-70*

*met  
Sent 4/10/99*

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NON-RESPONSIVE REDACTION

MIPER028281

## Appendix 2. Metabolife Serious Adverse Events (continued)

Health

May 1, 2001

Dear Sir:

This is the second letter I have written. I have since called and was told the supervisor was out so call back. I called back but Dan never picked up on his line. I ~~now~~ am ~~calling~~ writing again.

MAY 4 2001

BY MAIL ROOM

In August 1999, my husband and I were walking the mall for exercise. We passed a booth that sold only Metabolife. My husband + I purchased it. My husband took it maybe 5 days then he just quit. I continued to take it. In Oct of 1999 I had a stroke. It was Oct, 18, 1999. At the time I was 57 years old. I did not have high blood pressure & my level was fine. Then suddenly I had a stroke. The first of Nov. I tried to go back to work but I had a hard time. So in Jan 2000 I quit work & took time off to recover. I had a hard time & I took off for one year. When I wrote to you

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NON-RESPONSIVE REDACTION

## Appendix 2. Metabolife Serious Adverse Events (continued)

June 15, 2001

To:

Metabolife: This letter is to inform you that on 2-19-01 me and my daughter took a trip to Sparks, Ark. to visit my sister. My daughter is somewhat over weight so we bought (Met.) because of it supposedly to be all natural + my daughter is 20 years old but because of all the things you hear about diet pills, I would never allow her to take anything + and I myself put her on Metabolife, 4 pills a day, not even the full dose! She nearly died after going into several seizures and completely stopped breathing! We thought she would die before a ambulance team arrived. They immediately loaded her and took her onto Christus St. Michael's Hospital in Sparks, Ark. It was determined that the Metabolife drug was definitely the cause. As her doctor reported to me if she had been using the full dose she may not have survived. I am still very upset over this matter, this is the second letter I've

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NON-RESPONSIVE REDACTION

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name **Redacted** AGE(years) 17 Current Dose 0 Times per day  
 Last Name **Redacted** WT(LBS) 0 Suggested Dose 0 SD Times per day  
 HT(INCHES) 0 TIME ON METABOLIFE 0 UNITS  
 USER dan D/C met use ☐ Chinac formula ☐ formula  
 Date 1/12/20 Time 1:40:06 P Refund Policy Reviewed ☐ 356 + Chinac ☐

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Abdominal Pain          | <input type="checkbox"/> Dizziness                | <input type="checkbox"/> Irregular Heartbeat      | <input type="checkbox"/> Pregnancy on BCP       |
| <input type="checkbox"/> Abnorm Lab Values       | <input type="checkbox"/> Dry Mouth                | <input type="checkbox"/> Irritability             | <input type="checkbox"/> Proctitis              |
| <input type="checkbox"/> Acne                    | <input type="checkbox"/> Edema                    | <input type="checkbox"/> Joint Pain               | <input type="checkbox"/> Psychosis              |
| <input type="checkbox"/> Addiction               | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash                   |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation               | <input type="checkbox"/> Joint Stiffness - Local  | <input checked="" type="checkbox"/> Seizure     |
| <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Eye Twitching            | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Disfunction     |
| <input type="checkbox"/> Back Pain               | <input type="checkbox"/> Facial Swelling          | <input type="checkbox"/> Joint Swelling - Local   | <input type="checkbox"/> Shortness of Breath    |
| <input type="checkbox"/> Bloating/Gas            | <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Kidney Stones            | <input type="checkbox"/> Stroke                 |
| <input type="checkbox"/> Blood in Stool          | <input type="checkbox"/> Fever                    | <input type="checkbox"/> Liver Enzyme Elevation   | <input type="checkbox"/> Sweating               |
| <input type="checkbox"/> Blood in Urine          | <input type="checkbox"/> Fluid Retention          | <input type="checkbox"/> Menstrual Irregularity   | <input checked="" type="checkbox"/> Tachycardia |
| <input type="checkbox"/> Breast Pain             | <input type="checkbox"/> Glaucoma                 | <input type="checkbox"/> Mood Swings              | <input type="checkbox"/> Tingling Hands         |
| <input type="checkbox"/> Bruising                | <input type="checkbox"/> Hair Loss                | <input type="checkbox"/> Muscle Cramps -General   | <input type="checkbox"/> Tinnitus               |
| <input type="checkbox"/> Chest Pain              | <input type="checkbox"/> Headache                 | <input type="checkbox"/> Muscle Cramps - Leg      | <input type="checkbox"/> Tremors                |
| <input type="checkbox"/> Chills                  | <input type="checkbox"/> Heart Burn               | <input type="checkbox"/> Myocardial Infarction    | <input type="checkbox"/> Urinary Infection      |
| <input type="checkbox"/> Cold Hands              | <input type="checkbox"/> High Blood Pressure      | <input type="checkbox"/> Nausea                   | <input type="checkbox"/> Urine Retention        |
| <input type="checkbox"/> Constipation            | <input type="checkbox"/> Hives                    | <input type="checkbox"/> NoseBleeds               | <input type="checkbox"/> Vasodilation           |
| <input type="checkbox"/> Cough                   | <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Numbness                 | <input type="checkbox"/> Vision Disturbance     |
| <input type="checkbox"/> Death                   | <input type="checkbox"/> Hypoglycemia             | <input type="checkbox"/> Palpitations             | <input type="checkbox"/> Vomiting               |
| <input type="checkbox"/> Diarrhea                | <input type="checkbox"/> Insomnia                 | <input type="checkbox"/> Paresis/rasias           | <input type="checkbox"/> Yeast Infection        |
|  |   |   | <input type="checkbox"/> No Weight Loss/Gain    |

#### Other/Comments:

- ☐ Medical Release Form Sent ☐ Customer Denies any other signs or Symptoms

#### Long Comments:

mother reported dtr was in hosp for dehyd. C/o grocer was selling 356 to minors. Letter sent to grocer. Phoned of letter.

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NON-RESPONSIVE REDACTION

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

**First Name** Redacted **AGE(years)** 43 **Current Dose** 1 **Times per day** qd  
**Last Name** Redacted **WT(LBS)** 0 **Suggested Dose** 0 **SD Times per day**  
**HT(INCHES)** 0 **TIME ON METABOLIFE** 1 **UNITS** day  
**USER** romana **D/C met use** ☐ **Chinac formula** ☐ **formula**  
**Date** 1/18/20 **Time** 10:21:36 **Refund Policy Reviewed** ☒ **356 + Chinac** ☐

### Recommendations

**Current Water Intake oz** 2 **Caffeine Intake** 0 **Current Diet**  
**Increase Water** ☐ **High Protein** ☐ **Other Recommendations**  
☐ **Ok to call back** ☐ **Do not call back** ☐ **Customer Understand Recommendation** ☐ **Eat w/10min to 1hr**  
☐ **Usage Guidelines Sent** ☐ **Declined Usage Guidelines** ☐ **Customer to Call Meta PR** ☐ **Ate After 1hr** ☐ **Did Not Eat**

### Medical History

**Medications** none **Medical History** denies any health problem **Comments** Customer claimed she had a heart attack 2 hours after taking M356. Was experiencing shortness of breath and passed out.

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Abdominal Pain  | <input checked="" type="checkbox"/> Dizziness     | <input type="checkbox"/> Irregular Heartbeat      | <input type="checkbox"/> Pregnancy on BCP               |
| <input type="checkbox"/> Abnorm Lab Values   | <input type="checkbox"/> Dry Mouth                | <input type="checkbox"/> Irritability             | <input type="checkbox"/> Proctitis                      |
| <input type="checkbox"/> Acne  | <input type="checkbox"/> Edema                    | <input type="checkbox"/> Joint Pain               | <input type="checkbox"/> Psychosis                      |
| <input type="checkbox"/> Addiction   | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash                           |
| <input type="checkbox"/> Anesthesia Complication   | <input type="checkbox"/> Excitation               | <input type="checkbox"/> Joint Stiffness - Local  | <input type="checkbox"/> Seizure                        |
| <input type="checkbox"/> Anxiety   | <input type="checkbox"/> Eye Twitching            | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction             |
| <input type="checkbox"/> Back Pain   | <input type="checkbox"/> Facial Swelling          | <input type="checkbox"/> Joint Swelling - Local   | <input checked="" type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas  | <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Kidney Stones            | <input type="checkbox"/> Stroke                         |
| <input type="checkbox"/> Blood in Stool  | <input type="checkbox"/> Fever                    | <input type="checkbox"/> Liver Enzyme Elevation   | <input type="checkbox"/> Sweating                       |
| <input type="checkbox"/> Blood in Urine  | <input type="checkbox"/> Fluid Retention          | <input type="checkbox"/> Menstrual Irregularity   | <input type="checkbox"/> Tachycardia                    |
| <input type="checkbox"/> Breast Pain   | <input type="checkbox"/> Glaucoma                 | <input type="checkbox"/> Mood Swings              | <input type="checkbox"/> Tingling Hands                 |
| <input type="checkbox"/> Bruising  | <input type="checkbox"/> Hair Loss                | <input type="checkbox"/> Muscle Cramps -General   | <input type="checkbox"/> Tinnitus                       |
| <input type="checkbox"/> Chest Pain  | <input type="checkbox"/> Headache                 | <input type="checkbox"/> Muscle Cramps - Leg      | <input type="checkbox"/> Tremors                        |
| <input type="checkbox"/> Chills  | <input type="checkbox"/> Heart Burn               | <input type="checkbox"/> Myocardial Infarction    | <input type="checkbox"/> Urinary Infection              |
| <input type="checkbox"/> Cold Hands  | <input type="checkbox"/> High Blood Pressure      | <input type="checkbox"/> Nausea                   | <input type="checkbox"/> Urine Retention                |
| <input type="checkbox"/> Constipation  | <input type="checkbox"/> Hives                    | <input type="checkbox"/> NoseBleeds               | <input type="checkbox"/> Vasodilation                   |
| <input type="checkbox"/> Cough   | <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Numbness                 | <input type="checkbox"/> Vision Disturbance             |
| <input type="checkbox"/> Death   | <input type="checkbox"/> Hypoglycemia             | <input type="checkbox"/> Palpitations             | <input type="checkbox"/> Vomiting                       |
| <input type="checkbox"/> Diarrhea  | <input type="checkbox"/> Insomnia                 | <input type="checkbox"/> Parestias                | <input type="checkbox"/> Yeast Infection                |
| <b>Other/Comments:</b><br><input type="checkbox"/> Medical Release Form Sent <input checked="" type="checkbox"/> Customer Denies any other signs or Symptoms |   |   | <input type="checkbox"/> No Weight Loss/Gain            |

CONFIDENTIAL

NON-RESPONSIVE REDACTION

MIPER028488

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name **Redacted** AGE(years) 33 Current Dose 0 Times per day  
 Last Name **Redacted** WT(LBS) 140 Suggested Dose 0 SD Times per day  
 HT(INCHES) 67 TIME ON METABOLIFE 2 UNITS MONTHS

USER dan D/C met use ☒ Chinac formula ☐ formula  
 Date 2/26/20 Time 12:02:18 Refund Policy Reviewed ☐ 356 +Chinac ☐

### Address Information

Address Line 1 **Redacted** Address Line **Redacted** City **Redacted** State **Redacted** Zip **Redacted**

### Recommendations

Current Water Intake oz 8 Caffeine Intake Current Diet three meals Increase Water ☐ High Protein ☐ Other Recommendations submit request in writing to corp.  
☐ Ok to call back ☐ Do not call back ☐ Customer Understand Recommendation ☐ Eat w/10min to 1hr  
☐ Usage Guidelines Sent ☐ Declined Usage Guidelines ☐ Customer to Call Meta PR ☐ Ate After 1hr ☐ Did Not Eat

### Medical History

Medications	Medical History	Comments
<input type="checkbox"/> Abdominal Pain <input type="checkbox"/> Abnorm Lab Values <input type="checkbox"/> Acne <input type="checkbox"/> Addiction <input type="checkbox"/> Anesthesia Complication <input type="checkbox"/> Anxiety <input type="checkbox"/> Back Pain <input type="checkbox"/> Bloating/Gas <input type="checkbox"/> Blood in Stool <input type="checkbox"/> Blood in Urine <input type="checkbox"/> Breast Pain <input type="checkbox"/> Bruising <input type="checkbox"/> Chest Pain <input type="checkbox"/> Chills <input type="checkbox"/> Cold Hands <input type="checkbox"/> Constipation <input type="checkbox"/> Cough <input type="checkbox"/> Death <input type="checkbox"/> Diarrhea	<input type="checkbox"/> Dizziness <input type="checkbox"/> Dry Mouth <input type="checkbox"/> Edema <input type="checkbox"/> Elevated Liver Functions <input type="checkbox"/> Excitation <input type="checkbox"/> Eye Twitching <input type="checkbox"/> Facial Swelling <input type="checkbox"/> Fatigue <input type="checkbox"/> Fever <input type="checkbox"/> Fluid Retention <input type="checkbox"/> Glaucoma <input type="checkbox"/> Hair Loss <input type="checkbox"/> Headache <input type="checkbox"/> Heart Burn <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Hives <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypoglycemia <input type="checkbox"/> Insomnia	<input type="checkbox"/> Irregular Heartbeat <input type="checkbox"/> Irritability <input type="checkbox"/> Joint Pain <input type="checkbox"/> Joint Stiffness - General <input type="checkbox"/> Joint Stiffness - Local <input type="checkbox"/> Joint Swelling - General <input type="checkbox"/> Joint Swelling - Local <input type="checkbox"/> Kidney Stones <input type="checkbox"/> Liver Enzyme Elevation <input type="checkbox"/> Menstrual Irregularity <input type="checkbox"/> Mood Swings <input type="checkbox"/> Muscle Cramps -General <input type="checkbox"/> Muscle Cramps - Leg <input checked="" type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Nausea <input type="checkbox"/> NoseBleeds <input type="checkbox"/> Numbness <input type="checkbox"/> Palpitations <input type="checkbox"/> Parestsias
<input type="checkbox"/> Pregnancy on BCP <input type="checkbox"/> Pruritis <input type="checkbox"/> Psychosis <input type="checkbox"/> Rash <input type="checkbox"/> Seizure <input type="checkbox"/> Sexual Dysfunction <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> Stroke <input type="checkbox"/> Sweating <input type="checkbox"/> Tachycardia <input type="checkbox"/> Tingling Hands <input type="checkbox"/> Tinnitus <input type="checkbox"/> Tremors <input type="checkbox"/> Urinary Infection <input type="checkbox"/> Urine Retention <input type="checkbox"/> Vasodilation <input type="checkbox"/> Vision Disturbance <input type="checkbox"/> Vomiting <input type="checkbox"/> Yeast Infection	Other/Comments: <input type="checkbox"/> Medical Release Form Sent <input type="checkbox"/> Customer Denies any other signs or Symptoms	

### Long Comments:

Took 2-4 caps per day for 1.5 months. "thought it was safe and didn't read label, or didn't think it would cause problems" "speeded heart and caused MI according to her MD due to the ephedra" Now her activity level is drastically reduced and she is not able to be as active or take caffeine. "

CONFIDENTIAL

NON-RESPONSIVE REDACTION

MIPER028835



## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name	Redacted	AGE(years)	41	Current Dose	0.5	Times per day	BID
Last Name	Redacted	WT(LBS)	140	Suggested Dose	0	SD Times per day	
		HT(INCHES)	64	TIME ON METABOLIFE	0	UNITS	

USER	janine	D/C met use	<input type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula	
Date	5/1/200	Time	9:50:18 A	Refund Policy Reviewed	<input type="checkbox"/>	356 +Chinac	<input type="checkbox"/>

### Recommendations

Current Water	Caffeine Intake	Current Diet	Increase Water	High Protein	Other Recommendations
Intake oz			<input type="checkbox"/>	<input type="checkbox"/>	d/c M356 completely, see MD for f/u. May report incident to the FDA.
0					

<input type="checkbox"/> Ok to call back	<input type="checkbox"/> Do not call back	<input type="checkbox"/> Customer Understand Recommendations	<input type="checkbox"/> Eat w/10min to 1hr
<input type="checkbox"/> Usage Guidelines Sent	<input type="checkbox"/> Declined Usage Guidelines	<input type="checkbox"/> Customer to Call Meta PR	<input type="checkbox"/> Ate After 1hr
			<input type="checkbox"/> Did Not Eat

### Medical History

Medications	Medical History	Comments
	Some Carotid blockage	

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain          | <input type="checkbox"/> Dizziness                | <input type="checkbox"/> Irregular Heartbeat      | <input type="checkbox"/> Pregnancy on BCP    |
| <input type="checkbox"/> Abnorm Lab Values       | <input type="checkbox"/> Dry Mouth                | <input type="checkbox"/> Irritability             | <input type="checkbox"/> Pruritis            |
| <input type="checkbox"/> Acne                    | <input type="checkbox"/> Edema                    | <input type="checkbox"/> Joint Pain               | <input type="checkbox"/> Psychosis           |
| <input type="checkbox"/> Addiction               | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash                |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation               | <input type="checkbox"/> Joint Stiffness- Local   | <input type="checkbox"/> Seizure             |
| <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Eye Twitching            | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction  |
| <input type="checkbox"/> Back Pain               | <input type="checkbox"/> Facial Swelling          | <input type="checkbox"/> Joint Swelling - Local   | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas            | <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Kidney Stones            | <input checked="" type="checkbox"/> Stroke   |
| <input type="checkbox"/> Blood in Stool          | <input type="checkbox"/> Fever                    | <input type="checkbox"/> Liver Enzyme Elevation   | <input type="checkbox"/> Sweating            |
| <input type="checkbox"/> Blood in Urine          | <input type="checkbox"/> Fluid Retention          | <input type="checkbox"/> Menstrual Irregularity   | <input type="checkbox"/> Tachycardia         |
| <input type="checkbox"/> Breast Pain             | <input type="checkbox"/> Glaucoma                 | <input type="checkbox"/> Mood Swings              | <input type="checkbox"/> Tingling Hands      |
| <input type="checkbox"/> Bruising                | <input type="checkbox"/> Hair Loss                | <input type="checkbox"/> Muscle Cramps -General   | <input type="checkbox"/> Tinnitus            |
| <input type="checkbox"/> Chest Pain              | <input type="checkbox"/> Headache                 | <input type="checkbox"/> Muscle Cramps - Leg      | <input type="checkbox"/> Tremors             |
| <input type="checkbox"/> Chills                  | <input type="checkbox"/> Heart Burn               | <input type="checkbox"/> Myocardial Infarction    | <input type="checkbox"/> Urinary Infection   |
| <input type="checkbox"/> Cold Hands              | <input type="checkbox"/> High Blood Pressure      | <input type="checkbox"/> Nausea                   | <input type="checkbox"/> Urine Retention     |
| <input type="checkbox"/> Constipation            | <input type="checkbox"/> Hives                    | <input type="checkbox"/> NoseBleeds               | <input type="checkbox"/> Vasodilation        |
| <input type="checkbox"/> Cough                   | <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Numbness                 | <input type="checkbox"/> Vision Disturbance  |
| <input type="checkbox"/> Death                   | <input type="checkbox"/> Hypoglycemia             | <input type="checkbox"/> Palpitations             | <input type="checkbox"/> Vomiting            |
| <input type="checkbox"/> Diarrhea                | <input type="checkbox"/> Insomnia                 | <input type="checkbox"/> Parestrias               | <input type="checkbox"/> Yeast Infection     |

### Other/Comments:

<input type="checkbox"/> Medical Release Form Sent	<input type="checkbox"/> Customer Denies any other signs or Symptoms
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### Long Comments:

Customer said she had a stroke due to the Metabolife. She worked out regularly and was perfectly healthy before. She did have 80% occlusion to her carotids but that was her only medical history. Now she has weakness on one side of her body. She wants better labeling practices.

CONFIDENTIAL

NON-RESPONSIVE REDACTION

MIPER029424

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name	Redacted	AGE(years)	58	Current Dose	0	Times per day
Last Name	Redacted	WT(LBS)	0	Suggested Dose	0	SD Times per day
		HT(INCHES)	0	TIME ON METABOLIFE	0	UNITS

USER	dan	D/C met use	<input type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula
Date	5/4/200	Time	1:57:58 P	Refund Policy Reviewed	<input type="checkbox"/>	356 +Chinac

### Address Information

Address Line 1	Address Line	City	State	Zip
Redacted	Redacted	Redacted	Redacted	Redacted

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Abdominal Pain          | <input type="checkbox"/> Dizziness                | <input type="checkbox"/> Irregular Heartbeat      | <input type="checkbox"/> Pregnancy on BCP    |
| <input type="checkbox"/> Abnorm Lab Values       | <input type="checkbox"/> Dry Mouth                | <input type="checkbox"/> Irritability             | <input type="checkbox"/> Pruritis            |
| <input type="checkbox"/> Acne                    | <input type="checkbox"/> Edema                    | <input type="checkbox"/> Joint Pain               | <input type="checkbox"/> Psychosis           |
| <input type="checkbox"/> Addiction               | <input type="checkbox"/> Elevated Liver Functions | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash                |
| <input type="checkbox"/> Anesthesia Complication | <input type="checkbox"/> Excitation               | <input type="checkbox"/> Joint Stiffness - Local  | <input type="checkbox"/> Seizure             |
| <input type="checkbox"/> Anxiety                 | <input type="checkbox"/> Eye Twitching            | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Dysfunction  |
| <input type="checkbox"/> Back Pain               | <input type="checkbox"/> Facial Swelling          | <input type="checkbox"/> Joint Swelling - Local   | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas            | <input type="checkbox"/> Fatigue                  | <input type="checkbox"/> Kidney Stones            | <input checked="" type="checkbox"/> Stroke   |
| <input type="checkbox"/> Blood in Stool          | <input type="checkbox"/> Fever                    | <input type="checkbox"/> Liver Enzyme Elevation   | <input type="checkbox"/> Sweating            |
| <input type="checkbox"/> Blood in Urine          | <input type="checkbox"/> Fluid Retention          | <input type="checkbox"/> Menstrual Irregularity   | <input type="checkbox"/> Tachycardia         |
| <input type="checkbox"/> Breast Pain             | <input type="checkbox"/> Glaucoma                 | <input type="checkbox"/> Mood Swings              | <input type="checkbox"/> Tingling Hands      |
| <input type="checkbox"/> Bruising                | <input type="checkbox"/> Hair Loss                | <input type="checkbox"/> Muscle Cramps -General   | <input type="checkbox"/> Tinnitus            |
| <input type="checkbox"/> Chest Pain              | <input type="checkbox"/> Headache                 | <input type="checkbox"/> Muscle Cramps - Leg      | <input type="checkbox"/> Tremors             |
| <input type="checkbox"/> Chills                  | <input type="checkbox"/> Heart Burn               | <input type="checkbox"/> Myocardial Infarction    | <input type="checkbox"/> Urinary Infection   |
| <input type="checkbox"/> Cold Hands              | <input type="checkbox"/> High Blood Pressure      | <input type="checkbox"/> Nausea                   | <input type="checkbox"/> Urine Retention     |
| <input type="checkbox"/> Constipation            | <input type="checkbox"/> Hives                    | <input type="checkbox"/> NoseBleeds               | <input type="checkbox"/> Vasodilation        |
| <input type="checkbox"/> Cough                   | <input type="checkbox"/> Hypertension             | <input type="checkbox"/> Numbness                 | <input type="checkbox"/> Vision Disturbance  |
| <input type="checkbox"/> Death                   | <input type="checkbox"/> Hypoglycemia             | <input type="checkbox"/> Palpitations             | <input type="checkbox"/> Vomiting            |
| <input type="checkbox"/> Diarrhea                | <input type="checkbox"/> Insomnia                 | <input type="checkbox"/> Parestrias               | <input type="checkbox"/> Yeast Infection     |

### Other/Comments:

- |  |  |
|--|--|
| <input type="checkbox"/> Medical Release Form Sent | <input type="checkbox"/> Customer Denies any other signs or Symptoms |
|--|--|

### Long Comments:

wrote letter 5/1/01 alledging stroke on 10/18/99 and 2nd letter. No data record of 1st letter found. Requesting compensation.

CONFIDENTIAL

NON-RESPONSIVE REDACTION

MIPER029469

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name	Redacted	AGE(years)	0	Current Dose	0	Times per day
Last Name	Redacted	WT(LBS)	0	Suggested Dose	0	SD Times per day
		HT(INCHES)	0	TIME ON METABOLIFE	0	UNITS

USER	cela	D/C met use	<input checked="" type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula
Date	8/6/200	Time	12:04:32	Refund Policy Reviewed	<input type="checkbox"/>	356 +Chinac

### Recommendations

<u>Current Water</u>	<u>Caffeine Intake</u>	<u>Current Diet</u>	<u>Increase</u>	<u>High</u>	<u>Other Recommendations</u>
<u>Intake oz</u>			<u>Water</u>	<u>Protein</u>	
0			<input type="checkbox"/>	<input type="checkbox"/>	use caution with any ephedrine or stimulant product

<input type="checkbox"/> Ok to call back	<input type="checkbox"/> Do not call back	<input type="checkbox"/> Customer Understand Recommendations	<input type="checkbox"/> Eat w/10min to 1hr
--	---	--	---

<input type="checkbox"/> Usage Guidelines Sent	<input type="checkbox"/> Declined Usage Guidelines	<input type="checkbox"/> Customer to Call Meta PR	<input type="checkbox"/> Ate After 1hr	<input type="checkbox"/> Did Not Eat
--	--	---	--	--------------------------------------

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> Pregnancy on BCP
<input type="checkbox"/> Abnorm Lab Values	<input type="checkbox"/> Dry Mouth	<input type="checkbox"/> Irritability	<input type="checkbox"/> Pruritis
<input type="checkbox"/> Acne	<input type="checkbox"/> Edema	<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Psychosis
<input type="checkbox"/> Addiction	<input type="checkbox"/> Elevated Liver Functions	<input type="checkbox"/> Joint Stiffness- General	<input type="checkbox"/> Rash
<input type="checkbox"/> Anesthesia Complication	<input type="checkbox"/> Excitation	<input type="checkbox"/> Joint Stiffness - Local	<input checked="" type="checkbox"/> Seizure
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Twitching	<input type="checkbox"/> Joint Swelling - General	<input type="checkbox"/> Sexual Disfunction
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Facial Swelling	<input type="checkbox"/> Joint Swelling - Local	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Bloating/Gas	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Kidney Stones	<input type="checkbox"/> Stroke
<input type="checkbox"/> Blood in Stool	<input type="checkbox"/> Fever	<input type="checkbox"/> Liver Enzyme Elevation	<input type="checkbox"/> Sweating
<input type="checkbox"/> Blood in Urine	<input type="checkbox"/> Fluid Retention	<input type="checkbox"/> Menstrual Irregularity	<input checked="" type="checkbox"/> Tachycardia
<input type="checkbox"/> Breast Pain	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Tingling Hands
<input type="checkbox"/> Bruising	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Muscle Cramps -General	<input type="checkbox"/> Tinnitus
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle Cramps - Leg	<input type="checkbox"/> Tremors
<input type="checkbox"/> Chills	<input type="checkbox"/> Heart Burn	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Urinary Infection
<input type="checkbox"/> Cold Hands	<input checked="" type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Nausea	<input type="checkbox"/> Urine Retention
<input type="checkbox"/> Constipation	<input type="checkbox"/> Hives	<input type="checkbox"/> NoseBleeds	<input type="checkbox"/> Vasodilation
<input type="checkbox"/> Cough	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Numbness	<input type="checkbox"/> Vision Disturbance
<input type="checkbox"/> Death	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Parestsias	<input type="checkbox"/> Yeast Infection
			<input type="checkbox"/> No Weight Loss/Gain

### Other/Comments:

<input type="checkbox"/> Medical Release Form Sent	<input type="checkbox"/> Customer Denies any other signs or Symptoms
--	--

### Long Comments:

in feb 2001 had taken 2 tabs bld for 5 days - states she had a seizure. Told in er that her heart rate and b/p were also increased. States she shattered shoulder during seizure. States she had not had a seizure before, but did have a head injury s several years ago.

CONFIDENTIAL

NON-RESPONSIVE REDACTION

MIPER029882

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name	Redacted	AGE(years)	59	Current Dose	1	Times per day	BID
Last Name	Redacted	WT(LBS)	218	Suggested Dose	0	SD Times per day	
		HT(INCHES)	62	TIME ON METABOLIFE	3	UNITS	MONTHS

USER	romana	D/C met use	<input checked="" type="checkbox"/>	Chinac formula	<input type="checkbox"/>	formula	
Date	11/8/20	Time	3:26:03 P	Refund Policy Reviewed	<input checked="" type="checkbox"/>	356 +Chinac	<input type="checkbox"/>

### Testimonial Information

<u>Original weight</u>	<u>Weight loss</u>	<u>Time to lose weight</u>	<u>Comments</u>
230	12	3 months	she loves the M356 would like to cont, MD advised to d/c

### Recommendations

<u>Current Water Intake or</u>	<u>Caffeine Intake</u>	<u>Current Diet</u>	<u>Increase Water</u>	<u>High Protein</u>	<u>Other Recommendations</u>
8	0	3 meals	<input type="checkbox"/>	<input type="checkbox"/>	customer requests refund , doesn't like effect

☐ Ok to call back   
 ☐ Do not call back   
 ☒ Customer Understand Recommendation   
 ☒ Eat w/10min to 1hr  
☐ Usage Guidelines Sent   
 ☒ Declined Usage Guidelines   
 ☒ Customer to Call Meta PR   
☐ Ate After 1hr   
☐ Did Not Eat

### Medical History

<u>Medications</u>	<u>Medical History</u>	<u>Comments</u>
none	denies any health problem	Customer claimed she had stroke, went to the hospital, doctor advised her to d/c the product. Requesting for refund.

<input type="checkbox"/> Abdominal Pain	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Irregular Heartbeat	<input type="checkbox"/> Pregnancy on BCP
<input type="checkbox"/> Abnorm Lab Values	<input type="checkbox"/> Dry Mouth	<input type="checkbox"/> Irritability	<input type="checkbox"/> Pruritis
<input type="checkbox"/> Acne	<input type="checkbox"/> Edema	<input type="checkbox"/> Joint Pain	<input type="checkbox"/> Psychosis
<input type="checkbox"/> Addiction	<input type="checkbox"/> Elevated Liver Functions	<input type="checkbox"/> Joint Stiffness- General	<input type="checkbox"/> Rash
<input type="checkbox"/> Anesthesia Complication	<input type="checkbox"/> Excitation	<input type="checkbox"/> Joint Stiffness - Local	<input type="checkbox"/> Seizure
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Eye Twitching	<input type="checkbox"/> Joint Swelling - General	<input type="checkbox"/> Sexual Dysfunction
<input type="checkbox"/> Back Pain	<input type="checkbox"/> Facial Swelling	<input type="checkbox"/> Joint Swelling - Local	<input type="checkbox"/> Shortness of Breath
<input type="checkbox"/> Bloating/Gas	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Kidney Stones	<input checked="" type="checkbox"/> Stroke
<input type="checkbox"/> Blood in Stool	<input type="checkbox"/> Fever	<input type="checkbox"/> Liver Enzyme Elevation	<input type="checkbox"/> Sweating
<input type="checkbox"/> Blood in Urine	<input type="checkbox"/> Fluid Retention	<input type="checkbox"/> Menstrual Irregularity	<input type="checkbox"/> Tachycardia
<input type="checkbox"/> Breast Pain	<input type="checkbox"/> Glaucoma	<input type="checkbox"/> Mood Swings	<input type="checkbox"/> Tingling Hands
<input type="checkbox"/> Bruising	<input type="checkbox"/> Hair Loss	<input type="checkbox"/> Muscle Cramps -General	<input type="checkbox"/> Tinnitus
<input type="checkbox"/> Chest Pain	<input type="checkbox"/> Headache	<input type="checkbox"/> Muscle Cramps - Leg	<input type="checkbox"/> Tremors
<input type="checkbox"/> Chills	<input type="checkbox"/> Heart Burn	<input type="checkbox"/> Myocardial Infarction	<input type="checkbox"/> Urinary Infection
<input type="checkbox"/> Cold Hands	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Nausea	<input type="checkbox"/> Urine Retention
<input type="checkbox"/> Constipation	<input type="checkbox"/> Hives	<input type="checkbox"/> NoseBleeds	<input type="checkbox"/> Vasodilation
<input type="checkbox"/> Cough	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Numbness	<input type="checkbox"/> Vision Disturbance
<input type="checkbox"/> Death	<input type="checkbox"/> Hypoglycemia	<input type="checkbox"/> Palpitations	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Insomnia	<input type="checkbox"/> Parestsias	<input type="checkbox"/> Yeast Infection

### Other/Comments:

☐ Medical Release Form Sent   
 ☒ Customer Denies any other signs or Symptoms

CONFIDENTIAL

MIPER030391

NON-RESPONSIVE REDACTION

## Appendix 2. Metabolife Serious Adverse Events (continued)

### Nurses Database - Caller Info

First Name [Redacted] AGE(years) 48 Current Dose 0 Times per day  
 Last Name [Redacted] WT(LBS) 0 Suggested Dose 0 SD Times per day  
 HT(INCHES) 0 TIME ON METABOLIFE 0 UNITS

USER janine D/C met use ☐ Chinac formula ☐ formula  
 Date 11/13/2 Time 4:29:03 P Refund Policy Reviewed ☐ 356 +Chinac ☐

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Abdominal Pain            | <input type="checkbox"/> Dizziness                                   | <input type="checkbox"/> Irregular Heartbeat      | <input type="checkbox"/> Pregnancy on BCP    |
| <input type="checkbox"/> Abnorm Lab Values         | <input type="checkbox"/> Dry Mouth                                   | <input type="checkbox"/> Irritability             | <input type="checkbox"/> Pruritis            |
| <input type="checkbox"/> Acne                      | <input type="checkbox"/> Edema                                       | <input type="checkbox"/> Joint Pain               | <input type="checkbox"/> Psychosis           |
| <input type="checkbox"/> Addiction                 | <input type="checkbox"/> Elevated Liver Functions                    | <input type="checkbox"/> Joint Stiffness- General | <input type="checkbox"/> Rash                |
| <input type="checkbox"/> Anesthesia Complication   | <input type="checkbox"/> Excitation                                  | <input type="checkbox"/> Joint Stiffness- Local   | <input type="checkbox"/> Seizure             |
| <input type="checkbox"/> Anxiety                   | <input type="checkbox"/> Eye Twitching                               | <input type="checkbox"/> Joint Swelling - General | <input type="checkbox"/> Sexual Disfunction  |
| <input type="checkbox"/> Back Pain                 | <input type="checkbox"/> Facial Swelling                             | <input type="checkbox"/> Joint Swelling - Local   | <input type="checkbox"/> Shortness of Breath |
| <input type="checkbox"/> Bloating/Gas              | <input type="checkbox"/> Fatigue                                     | <input type="checkbox"/> Kidney Stones            | <input checked="" type="checkbox"/> Stroke   |
| <input type="checkbox"/> Blood in Stool            | <input type="checkbox"/> Fever                                       | <input type="checkbox"/> Liver Enzyme Elevation   | <input type="checkbox"/> Sweating            |
| <input type="checkbox"/> Blood in Urine            | <input type="checkbox"/> Fluid Retention                             | <input type="checkbox"/> Menstrual Irregularity   | <input type="checkbox"/> Tachycardia         |
| <input type="checkbox"/> Breast Pain               | <input type="checkbox"/> Glaucoma                                    | <input type="checkbox"/> Mood Swings              | <input type="checkbox"/> Tingling Hands      |
| <input type="checkbox"/> Bruising                  | <input type="checkbox"/> Hair Loss                                   | <input type="checkbox"/> Muscle Cramps -General   | <input type="checkbox"/> Tinnitus            |
| <input type="checkbox"/> Chest Pain                | <input type="checkbox"/> Headache                                    | <input type="checkbox"/> Muscle Cramps - Leg      | <input type="checkbox"/> Tremors             |
| <input type="checkbox"/> Chills                    | <input type="checkbox"/> Heart Burn                                  | <input type="checkbox"/> Myocardial Infarction    | <input type="checkbox"/> Urinary Infection   |
| <input type="checkbox"/> Cold Hands                | <input type="checkbox"/> High Blood Pressure                         | <input type="checkbox"/> Nausea                   | <input type="checkbox"/> Urine Retention     |
| <input type="checkbox"/> Constipation              | <input type="checkbox"/> Hives                                       | <input type="checkbox"/> NoseBleeds               | <input type="checkbox"/> Vasodilation        |
| <input type="checkbox"/> Cough                     | <input type="checkbox"/> Hypertension                                | <input type="checkbox"/> Numbness                 | <input type="checkbox"/> Vision Disturbance  |
| <input type="checkbox"/> Death                     | <input type="checkbox"/> Hypoglycemia                                | <input type="checkbox"/> Palpitations             | <input type="checkbox"/> Vomiting            |
| <input type="checkbox"/> Diarrhea                  | <input type="checkbox"/> Insomnia                                    | <input type="checkbox"/> Parestsias               | <input type="checkbox"/> Yeast Infection     |
| Other/Comments:                                    |  |   | <input type="checkbox"/> No Weight Loss/Gain |
| <input type="checkbox"/> Medical Release Form Sent | <input type="checkbox"/> Customer Denies any other signs or Symptoms |   |  |

#### Long Comments:

Father called to say son had a stroke and is now in a Nursing Home. He took the product for 8 mths but father does not know any other history. Requests some compensation. Caller referred to supervisor Dan Rodriguez.

CONFIDENTIAL

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NON-RESPONSIVE REDACTION

## Appendix 2. Metabolife Serious Adverse Events (continued)

RESEARCH DOCUMENTATION

Date: 5/11 ( Age: 70 Sex: F )  
 Name: (  
 Med: HAS A WEBSITE CC HAS A DOCTOR THAT IS ACCUSING  
THAT HAS CHAT ROOM MED. THAT HE'S WIFE DIED OF IT  
CAUSED CEREBRAL HEMORRHAGE  
THIS MESSAGE THAT KILLED HER  
 Current Date: 5/11 Suggested Date: 5/11 Med: CC  
 Reason: TRANSFERRED TO DAN.

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## Appendix 2. Metabolife Serious Adverse Events (continued)

Page 1 of 3

From:

To:

REDACTED

Date: Thursday, May 20, 1999 8:41 AM

Subject: Fw: MetaboLife - Weight Loss product warning

Subj: MetaboLife - Weight Loss product warning  
Date: 5/13/99 7:13:58 PM Central Daylight Time

Hello Friends,

I wanted to write an addendum to this to let you know that just this week, [REDACTED] got their second patient with cardiac arrest who was using MetaboLife. She was without a pulse for 16 minutes. She is currently in critical condition at [REDACTED]. This information comes from [REDACTED] who is a nurse at [REDACTED] and who has a mutual friend of the young woman who is in critical condition. MetaboLife contains the active ingredient Ma Huang, which is a central nervous system stimulant. When ingested on a regular basis it can cause elevated heart rate and blood pressure, ultimately resulting in cardiac arrhythmias and arrest. It is marketed as a weight-loss product - what a way to lose, perhaps even your life!

Trust Shaklee not to market anything like this product, even though there are those ready to put this kind of stuff into their bodies, not realizing the danger. Herbal products are unregulated in this country. I personally rely on Shaklee's impeccable research -- if Shaklee doesn't make it, I don't take it, because I know there's a good reason why they don't!

[REDACTED]

RN

5/21/99

[REDACTED] 2/4

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